

EPA KEY CONTACTS FORM

OMB Number: 2030-0020 Expiration Date: 06/30/2024

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefi	x:		First Name:	Ari			M	liddle Name:			
	Last	Name:	Neumann						Suffix:			
Title:	Director, Community & Environmental Services											
Complete Address:												
Street1: 3120 Freeboard Drive, Suite 201												
Street2:												
City: West S		Sacramento		State: CA: California								
Zip / F	Postal	Code:	95691-5039			Country:	USA: UNI	TED STATES				
Phone Number:		(916) 447-9832; 1032			Fax Numl	Number:						
E-mail Address:		aneumann@ro	cac.org									
Payee: Individual authorized to accept payments.												
Name:				First Name:	Anjali			M	liddle Name:	F		
	Last	Name:	Sheth						Suffix:			
Title: Acting CFO												
Complete Address:												
Stree	t1:	3120 E	Freeboard Dr	rive, Suite 2	201							
Stree	t2:											
City:		West S	Sacramento			State:	CA: Califo	rnia				
Zip / Postal Code:		95691-5039		Country: USA: UNITED STA		ED STATES						
Phone I	Numb	er:	(916) 447-2	2854; 1047			Fax Numb	oer:				
E-mail Address:			asheth@rcac.org									
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).												
Name: Prefix:		x:	First Name: Cyndi						liddle Name:			
	Last	Name:	Spencer						Suffix:			
Title:	Title: Chief Operating Officer											
Comple	te Ad	dress:	<u>.</u>									
Street1: 3120 Freeboard Drive Suite 201												
Street2:												
City:		West S	Sacramento			State:	CA: Califo	rnia				
Zip / Postal Code:		95691-5039			Country: USA: UNITED STATE							
Phone Number:		(916) 447-9	9832; 1030			Fax Numb	per:					
E-mail Address:		cspencer@rcac.org										

EPA Form 5700-54 (Rev 4-02)

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Project Manager: Individual responsible for the technical completion of the proposed work.

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Name:	Prefix:	First Name:	Olga		Middle Name:						
	Last Name:	Morales			Suffix:]				
Title:	Assistant	Director, Community &	Environmental								
Complete Address:											
Stree	t1: 5648 (Camino Escondida									
Street2:											
City: Las Cr		ruces	State:	State: NM: New Mexico							
Zip /	Postal Code:	88011	Countr	y: USA: UNITED STA	ΓES						
Phone I	Number:	(575) 640-3386		Fax Number:							
E-mail /	Address:	omorales@rcac.org									